

Fall Factors Risk Reduction Device Installation Checklist

Participant Last Name: _____

Address: _____

Date of installation : _____ / _____ / _____

Which of the following RRD's were installed in participant's home (check all that apply, specify quantity)?

Type of RRD	Quantity	Location(s) Installed
<input type="checkbox"/> Double-sided carpet tape	For ____ rugs	<input type="checkbox"/> living room <input type="checkbox"/> kitchen <input type="checkbox"/> bedroom <input type="checkbox"/> bathroom <input type="checkbox"/> garage <input type="checkbox"/> stairs <input type="checkbox"/> basement <input type="checkbox"/> hallway <input type="checkbox"/> other
<input type="checkbox"/> Rug slips	For ____ rugs	<input type="checkbox"/> living room <input type="checkbox"/> kitchen <input type="checkbox"/> bedroom <input type="checkbox"/> bathroom <input type="checkbox"/> garage <input type="checkbox"/> stairs <input type="checkbox"/> basement <input type="checkbox"/> hallway <input type="checkbox"/> other
<input type="checkbox"/> Night light	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> living room <input type="checkbox"/> kitchen <input type="checkbox"/> bedroom <input type="checkbox"/> bathroom <input type="checkbox"/> garage <input type="checkbox"/> stairs <input type="checkbox"/> basement <input type="checkbox"/> hallway <input type="checkbox"/> other
<input type="checkbox"/> Tread tape for steps		<input type="checkbox"/> inside steps <input type="checkbox"/> basement steps <input type="checkbox"/> outside steps <input type="checkbox"/> porch <input type="checkbox"/> deck
<input type="checkbox"/> Tub bar		
<input type="checkbox"/> Non-slip bath mat		
<input type="checkbox"/> Hand held shower	<input type="checkbox"/> Shower Chair	<input type="checkbox"/> Wall grab bars <input type="checkbox"/> Toilet Raiser
<input type="checkbox"/> Toilet seat assist frame	<input type="checkbox"/> Bed assist railing	<input type="checkbox"/> Transfer Bench

